

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND			FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name (Last, First, Middle Initial) of Payee Jamestown Associates			Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2013	
Mailing Address 5 Mapleton Rd., Ste. 300			Amount 5000.00	
City Princeton State NJ Zip Code 08540		Transaction ID : SE.4907		
Purpose of Expenditure IE-Bevin-Media Production		Category/Type 004		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: MATTHEW GRISWOLD BEVIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee SENATE CONSERVATIVES FUND			Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2013	
Mailing Address 228 S. WASHINGTON ST., STE. 115			Amount 3915.75	
City ALEXANDRIA State VA Zip Code 22314		Transaction ID : SE.4909		
Purpose of Expenditure IE-Bevin-Online Processing		Category/Type 003		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: MATTHEW GRISWOLD BEVIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			8915.75	
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Lisa Lisker</u>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2013

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(SCHEDULE E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee SENATE CONSERVATIVES FUND			Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2013		
Mailing Address 228 S. WASHINGTON ST., STE. 115			Amount 3742.95		
City ALEXANDRIA State VA Zip Code 22314		Transaction ID : SE.4908			
Purpose of Expenditure IE-Bevin-Online Processing		Category/ Type 003	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: KY District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: MATTHEW GRISWOLD BEVIN			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee			Date M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City State Zip Code		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Purpose of Expenditure		Category/ Type	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 					
(a) SUBTOTAL of Itemized Independent Expenditures.....			3742.95		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....			12658.70		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Lisa Lisker		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 30 / 2013	